

<i>SERFF Tracking Number:</i>	<i>UTCX-125694619</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR09846CGR01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation/WC AR09846CGR01</i>		

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company	SERFF Tr Num: UTCX-125694619	State: Arkansas
Product Name: Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 16.0 Workers Compensation	Co Tr Num: WC AR09846CGR01	State Status: Fees verified and received
Sub-TOI: 16.0004 Standard WC		
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: SPI UticaNational	Disposition Date: 06/13/2008
	Date Submitted: 06/13/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Workers Compensation	Status of Filing in Domicile:
Project Number: WC AR09846CGR01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/13/2008	
State Status Changed: 06/13/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
With this filing we are adopting NCCI Item Filing B-1407 - Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes as set forth in Circular CIF-2008-07.	

Company and Contact

Filing Contact Information

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com

SERFF Tracking Number: UTCX-125694619 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WC AR09846CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR09846CGR01

180 Genesee Street (315) 734-2129 [Phone]
New Hartford, NY 13413 (315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company CoCode: 25976 State of Domicile: New York
180 Genesee Street Group Code: 201 Company Type:
New Hartford, NY 13413 Group Name: Utica National State ID Number:
Insurance Group
(315) 734-2000 ext. [Phone] FEIN Number: 15-0476880

Graphic Arts Mutual Insurance Company CoCode: 25984 State of Domicile: New York
180 Genesee Street Group Code: 201 Company Type:
New Hartford, NY 13413 Group Name: Utica National State ID Number:
Insurance Group
(315) 734-2000 ext. [Phone] FEIN Number: 13-5274760

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	06/13/2008	20837183

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/13/2008	06/13/2008

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Company Tracking Number:	WC AR09846CGR01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation/WC AR09846CGR01		

Disposition

Disposition Date: 06/13/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Utica Mutual Insurance Company	%	\$		\$	%	%	%
Graphic Arts Mutual Insurance Company	%	\$		\$	%	%	%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation/WC AR09846CGR01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	Neutral
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Utica Mutual Insurance Company	%	%				%	%
Graphic Arts Mutual Insurance Company	%	%				%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	
Overall Percentage Rate Impact For This Filing:	
Effect of Rate Filing - Written Premium Change For This Program:	\$0

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Effect of Rate Filing - Number of Policyholders Affected:	0
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/13/2008
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Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC RATE RULE FILING SCHEDULE.PDF

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	06/13/2008
Bypass Reason:	Not applicable to this filing.			

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	06/13/2008
Bypass Reason:	Not applicable to this filing.			

Comments:


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Utica National Insurance Group				Group NAIC #	0201
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Utica Mutual Insurance Company	NY	25976	15-0476880			
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760			

5. Company Tracking Number	WC AR09846CGR01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Tina D. Cirelli			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	AR- Adoption of NCCI Item Filing B-1407
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09/01/2008 Renewal: 09/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item B-1407
18. Company's Date of Filing	6/13/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR09846CGR01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

With this filing we are adopting NCCI Item Filing B-1407 - Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes as set forth in Circular CIF-2008-07.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: N/A Sending EFT Via SERFF Amount: \$50.00 </div> <div style="text-align: center; margin-top: 100px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC AR09846CGR01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Utica Mutual Insurance Company	0	0	0	0	0	0	0
Graphic Arts Mutual Insurance Company	0	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)	0	
5b.	Overall percentage rate impact for this filing	0	
5c.	Effect of Rate Filing – Written premium change for this program	0	
5d.	Effect of Rate Filing - Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	0
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	